

Recommendations for Transitioning Registered Counselors into Licensed Mental Health Categories

By Laura Groshong, LICSW
7/28/06

According to information collected by the Washington state Department of Health in the Registered Counselor Survey (2006), 47% of the Registered Counselors surveyed have a Master's degree in a mental health discipline or a related field. In addition, based on the Survey information that 65% of all Registered Counselors are in private practice, there may be 18% or more of Registered Counselors who do not have a Master's degree in a mental health field. In an effort to create minimum standards of practice, training, supervision, and education for all clinicians providing mental health treatment in Washington, representatives from Licensed Independent Clinical Social Workers, Licensed Marriage and Family Counselors, and Licensed Mental Health Counselors have developed the following recommendations for Registered Counselors who have a Master's degree in a mental health field and wish to continuing practicing independently, and those who do not have a Master's degree in a mental health field and wish to continuing practicing independently. Our goal is to include every Registered Counselor who wishes to be a mental health practitioner and practice independently in one of the Licensed Master's Mental Health regulatory categories.

Definition of Counseling and Counselor

The definitions for Registered Counselors of "counseling", in RCW 18.19.020(2), and "counselor", in RCW 18.19.020(3), are fundamentally flawed, and have led to the confusion and lack of public protection that currently exists. Though these definitions are correct as a description of the general scope of counseling practice, the lack of attention to education, supervision, experience, and the 'ladder' of scopes of practice in each discipline, makes them woefully incomplete:

(2) "Counseling" means employing any therapeutic techniques, including but not limited to social work, mental health counseling, marriage and family therapy, and hypnotherapy, for a fee that offer, assist or attempt to assist an individual or individuals in the amelioration or adjustment of mental, emotional, or behavioral problems, and includes therapeutic techniques to achieve sensitivity and awareness of self and others and the development of human potential. For the purposes of this chapter, nothing may be construed to imply that the practice of hypnotherapy is necessarily limited to counseling.

(3) "Counselor" means an individual, practitioner, therapist, or analyst who engages in the practice of counseling to the public for a fee, including for the purposes of this chapter, hypnotherapists.

We are concerned about the lack of attention to education, supervision, experience, and the ‘ladder’ of scopes of practice in the above definitions. We also have these concerns for hypnotherapists as well, a group that have been specifically named in the above sections of the RCWs, but do not require standards in these basic areas to guarantee a hypnotherapist is qualified to conduct mental health practice. We would recommend that mental health counseling be limited to only a licensed practitioner. It may be necessary to more specifically define the term “mental health counseling” and to limit the practice of mental health counseling only to licensed practitioners.

Overview –Pre-Licensure Candidates

Master’s graduates in clinical social work, marriage and family therapy and mental health counseling working toward licensure do not have a regulatory ‘home’ besides Registered Counselor. Therefore we recommend the creation of a new regulatory level for these candidates. The public should be made aware of their level of training and scope of practice, as well as their need for supervision until they are licensed. This is why pre-licensure candidates working toward licensure are identified in many states as a separate regulatory category. To differentiate the title of these candidates from licensed mental health practitioners we recommend the following titles be considered: **Associates**, i.e., Master’s in Social Work Associate (**MSWA**); Master’s in Marriage and Family Therapy Associate (**MFTA**); and Master’s in Counseling Associate (**MCA**); or **Trainees**, i.e., Master’s in Social Work Trainee (**MSWT**); Master’s in Marriage and Family Therapy Trainee (**MFTT**); and Master’s in Counseling Trainee (**MCT**).

Use of these titles, and clear explanations of the practice limitations for Associates or Trainees which these titles represent in the Disclosure Statement, will be a much clearer message to the public about the level of competence these candidates have. We recommend that Associates or Trainees be a 5 year endorsement, available upon receiving a Master’s degree in a mental health field, to allow graduates time to complete the post-graduate experience and supervision necessary to become licensed.

Requirements for Transitioning Master’s Degreed Registered Counselors to Licensure

Registered Counselors who have a Master’s degree in social work, marriage and family therapy, counseling, psychology, or other mental health programs who have a desire to practice independent mental health counseling, should be transitioned into the Licensed Master’s Mental Health categories, e.g., Licensed Independent Clinical Social Workers, Licensed Advanced Social Workers, Licensed Marriage and Family Therapists, and Licensed Mental Health Counselors.

If a Registered Counselor with a Master’s degree in one of the programs above has been practicing independently as a Registered Counselor for more than 10 years and document having obtained 5000 contact hours, we recommend this declaration be accepted as

meeting the experience requirement for licensure in the above statutory categories. If a Registered Counselor with a Master's degree in one of the programs above has been practicing independently as a Registered Counselor for more than 10 years and can document having received 50 hours of supervision of their practice from a licensed mental health practitioner, we recommend this declaration be accepted as meeting the supervision requirement for the above statutory categories. These Registered Counselors with a Master's degree should be given a year to pass the national examination required for a given licensure category.

Registered Counselors with a Master's degree who have been working as mental health practitioners for 10 years, but do not meet the 50 hour supervision requirement, should be given 2 years to acquire the 50 hours of supervision from a mental health practitioner who is an approved supervisor, and 3 years to pass the national examination for a given licensed mental health category.

Registered Counselors with a Master's degree who have been working as mental health practitioners for less than 10 years should begin practicing under supervision from a licensed mental health practitioner who is an approved supervisor, to meet the statutory requirements for one of the above licensure categories, and then pass the national examination for a given licensure category..

In all of these transition situations, we recommend that the title of Registered Counselor be changed to the Associate or Trainee titles described above.

Transitioning Pre-Licensure Candidates to Pre-Licensure Categories

All Registered Counselors who are currently pre-licensure candidates should be given time to join the new pre-licensure regulatory categories. Documentation would include would include a copy of their Master's diploma and a declaration from the pre-licensure candidate that the Registered Counselor that they are working toward licensure in one of the licensed mental health disciplines. All Registered Counselors with a Master's degree in a mental health field who do not join a pre-licensure category would eventually be unable to work independently as mental health practitioners **or** as supervised pre-licensure candidates working toward becoming independent mental health practitioners.

Transitioning Non-Master's Degreed Registered Counselors to Other Regulatory Titles

65% of all Registered Counselors responding to the Survey said they are not working toward some kind of license in mental health treatment. Our view is that anyone working independently as a mental health practitioner should be licensed. This means that any Registered Counselor not working toward licensure will have to make a decision about whether to start working toward licensure, or choose to practice within an agency under supervision. These Registered Counselors will also need to become a pre-licensure

candidate with a new title prior to becoming licensed. Registered Counselors who choose to work in agencies should be given clear educational and experience requirements, in addition to a new title. These standards will require study beyond the scope of this report and should be determined by a separate subcommittee.

We recommend each Registered Counselor working as a mental health practitioner be given a period of time from the implementation of changes to the Registered Counselor law, to declare whether the Registered Counselor intends to become a pre-licensure candidate under supervision who is working toward a Master's degree, move to working in an agency under supervision, or stop practicing as a mental health practitioner. We recommend Registered Counselors working as mental health practitioners who declare their intention to seek a Master's degree in a mental health discipline, be given a period of time to complete their Master's degree. Prior to the time Registered Counselors currently working as independent mental health practitioners enter a Master's degree program in a mental health field, we recommend their practice be restricted to working in an agency under supervision. *The documented experience and supervision Registered Counselors have had prior to receiving a Master's degree may be applied to the experience and supervision required for licensure*, which is not the case for MSWs, MFTs, and MHCs, working toward licensure at this time (see RCW 18.225.)

Working with the graduate schools who offer Master's programs in mental health in Washington will be a key part of providing Registered Counselors with opportunities to acquire a Master's degree in a mental health field. New faculty may be needed and/or the expansion of evening programs. We recommend the Department begin working with Master's programs soon to assess the ways they can accommodate a temporary, and significant, increase in their programs.

Other Registered Counselors in Related Fields

We recognize that there is a group of Registered Counselors – again, the title “Registered Counselor” would need to be changed to reflect the scope of practice of this group – who are working as case managers providing important services to the public, whose general titles are resource advocates, human service assistants, and case managers. There is some overlap with mental health practitioners, but these human services workers, defined here as providing direct services other than mental health counseling, serves as a link between the client and the available resources and community, support, and triage, should not be working without supervision, or be providing mental health services. But issues which require understanding of human development and emotional disorders may arise and need to be attended to by a licensed mental health professional. We recommend a clearer statutory description of this group, and a title which better describes their scope of practice.

Since 2005, some Registered Counselors have also chosen to become Certified Peer Counselors who engage in ‘peer counseling’. The majority of peer counselors work with the severely mentally ill and have themselves experienced that extremely difficult

condition. While there has been national support for the development of programs using peer counselors, we recommend that state standards of practice for the CPC title be developed, as they have been for certified chemical dependency professionals and licensed mental health practitioners. The valuable work of peer counselors should not exempt them from state oversight or regulatory standards. The current title of Certified Peer Counselor does not have these standards in place.

Summary

This report makes the following recommendations:

1. **New Statutory Categories** – new categories be created within existing licensure laws to recognize pre-licensure candidates working in mental health who are currently identified as Registered Counselors.
2. **Transitioning (Master's Degreed)** – Registered Counselors who have a Master's degree in a mental health field be given options for transitioning into licensed categories of mental health practice.
3. **Transitioning (Non-Master's Degreed)** – Registered Counselors who do not have a Master's in a mental health field should be given opportunities to acquire a Master's with their experience and/or supervision counting toward their eventual licensure.
4. **Work with Graduate Schools** – start discussions with graduate schools offering master's degrees in mental health fields to prepare for influx of Registered Counselors who will seek Master's degrees.
5. **Redefine Counseling in RCWs** - a clear, narrow definition of mental health counseling should be developed, as well as a clear description of which licensed groups are qualified to practice mental health counseling.
6. **Public Education** – the Department of Health should develop and run public service announcements informing the public of any changes in the Registered Counselor status, including which licensed groups are qualified to practice mental health counseling.